County: Mani towoc MANI TOWOC HEALTH CARE CENTER

4200 CALUMET AVENUE

| MANI TOWOC | 54220 | Phone: (920) 683-4100 | | Ownershi p: | County |
|--------------------|--------------|-----------------------|-----|-----------------------------------|---------|
| Operated from 1/1 | To 12/31 | Days of Operation: | 365 | Hi ghest Level Li cense: | Skilled |
| Operate in Conjunc | tion with | Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds Set | Up and St | affed (12/31/01): | 140 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed | Capaci ty | (12/31/01): | 140 | Title 19 (Medicaid) Certified? | Yes |
| Number of Resident | s on 12/31 | /01: | 125 | Average Daily Census: | 135 |

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 31/01) | Length of Stay (12/31/01) | % |
|------------------------------------|-------|--|---------|-----------------|----------|--|----------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 10. 4 |
| Supp. Home Care-Personal Care | No | | | |) | 1 - 4 Years | 40. 0 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.8 | Under 65 | 14.4 | More Than 4 Years | 49. 6 |
| Day Servi ces | No | Mental Illness (Org./Psy) | 39. 2 | 65 - 74 | 17. 6 | | |
| Respite Care | No | Mental Illness (Other) | 32.8 | 75 - 84 | 35. 2 | | 100. 0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.8 | 85 - 94 | 29. 6 | ********* | ****** |
| Adult Day Health Care | No | Para-, Quadra-, Hemi plegi c | 0.8 | 95 & 0ver | 3. 2 | Full-Time Equivalent | į. |
| Congregate Meals | No | Cancer | 0.8 | ĺ | | Nursing Staff per 100 Res | si dents |
| Home Delivered Meals | No | Fractures | 0.0 | | 100.0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 5. 6 | 65 & 0ver | 85. 6 | | |
| Transportation | No | Cerebrovascul ar | 8. 0 | ['] | | RNs | 15. 6 |
| Referral Service | No | Di abetes | 0.0 | Sex | % | LPNs | 5. 9 |
| Other Services | Yes | Respi ratory | 0.8 | | j | Nursi ng Assi stants, | |
| Provi de Day Programming for | | Other Medical Conditions | 10.4 | Male | 40.8 | Ai des, & Orderlies | 54. 7 |
| Mentally Ill | Yes | | | Femal e | 59. 2 | | |
| Provi de Day Programming for | ĺ | | 100.0 | | j | | |
| Developmentally Disabled | No | | | | 100. 0 | | |
| ********************* | ***** | ************************************** | ***** | ****** | ******** | ************************************** | ***** |

Method of Reimbursement

| | | Medicare Title 18 | | | edicaid itle 19 | | | 0ther | |] | Pri vate Pay | : | | amily Care | | | anaged Care | | | |
|--------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|--------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|----------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi - dents | % 0f All |
| Int. Skilled Care | 0 | 0.0 | 0 | 1 | 0. 9 | 115 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 1 | 0. 8 |
| Skilled Care | 2 | 100. 0 | 293 | 97 | 88. 2 | 98 | 2 | 100.0 | 117 | 11 | 100.0 | 145 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 112 | 89. 6 |
| Intermedi ate | | | | 12 | 10. 9 | 81 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 12 | 9. 6 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Total | 2 | 100.0 | | 110 | 100.0 | | 2 | 100. 0 | | 11 | 100. 0 | | 0 | 0.0 | | 0 | 0.0 | | 125 | 100. 0 |

MANITOWOC HEALTH CARE CENTER

| ********** | ***** | ******** | ********* | ***** | ******** | ********* | ***** |
|--------------------------------|--------------|-----------------------|---------------|----------------------|----------------|----------------------------|------------|
| Admissions, Discharges, and | | Percent Distribution | of Residents' | Condi ti | ons, Services, | and Activities as of 12/3 | 31/01 |
| Deaths During Reporting Period | ' | | | | | | |
| 8 1 8 | | ľ | | % | Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | Ass | istance of | % Totally | Number of |
| Private Home/No Home Health | 7.4 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | Dependent I | Resi dents |
| Private Home/With Home Health | 0.0 | Bathi ng | 14.4 | | 35. 2 | 50. 4 | 125 |
| Other Nursing Homes | 11. 1 | Dressi ng | 20. 8 | | 36. 0 | 43. 2 | 125 |
| Acute Care Hospitals | 70.4 | Transferring | 40.8 | | 25. 6 | 33. 6 | 125 |
| Psych. HospMR/DD Facilities | 7.4 | Toilet Use | 32. 8 | | 30. 4 | 36. 8 | 125 |
| Rehabilitation Hospitals | 0.0 | Eating | 61.6 | | 12. 0 | 26. 4 | 125 |
| Other Locations | 3. 7 | ************** | ****** | ****** | ****** | ********* | ***** |
| Total Number of Admissions | 27 | Conti nence | | % | Special Treat | ments | % |
| Percent Discharges To: | | Indwelling Or Externa | l Catheter | 8. 8 | Receiving R | lespi ratory Care | 3. 2 |
| Private Home/No Home Health | 13. 7 | Occ/Freq. Incontinent | of Bladder | 54. 4 | Recei vi ng T | racheostomy Care | 0.8 |
| Private Home/With Home Health | 2.0 | Occ/Freq. Incontinent | of Bowel | 44 . 0 | Receiving S | Sucti oni ng | 1. 6 |
| Other Nursing Homes | 0.0 | <u>-</u> | | | Receiving (| Stomy Care | 0. 0 |
| Acute Care Hospitals | 17. 6 | Mobility | | | Recei vi ng T | lube Feedi ng | 3. 2 |
| Psych. HospMR/DD Facilities | 2.0 | Physically Restrained | l | 11. 2 | Recei vi ng M | Mechanically Altered Diets | 43. 2 |
| Rehabilitation Hospitals | 0.0 | | | | | | |
| Other Locations | 7.8 | Skin Care | | | Other Resider | nt Characteristics | |
| Deaths | 56. 9 | With Pressure Sores | | 7. 2 | Have Advance | ce Directives | 100. 0 |
| Total Number of Discharges | | With Rashes | | 4.8 | Medi cati ons | | |
| (Including Deaths) | 51 | | | | Receiving F | Sychoactive Drugs | 64. 0 |
| - | | | | | | _ | |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

| | This Government | | 100 | - 199 | Ski I | led | All | | |
|--|-----------------|----------------------|-------|--------|-------|--------------|-------|--------|--------|
| | Facility | Peer | Group | Peer | Group | Peer Group | | Faci] | lities |
| | % | % | Ratio | % | Ratio | % | Ratio | % | Ratio |
| | | | | | | | | | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 83. 9 | 84. 8 | 0. 99 | 84. 1 | 1. 00 | 85. 8 | 0. 98 | 84. 6 | 0. 99 |
| Current Residents from In-County | 97. 6 | 58 . 7 | 1. 66 | 79. 3 | 1. 23 | 69. 4 | 1.41 | 77. 0 | 1. 27 |
| Admissions from In-County, Still Residing | 48. 1 | 27.8 | 1. 73 | 25. 5 | 1.89 | 23. 1 | 2.08 | 20. 8 | 2. 31 |
| Admi ssi ons/Average Daily Census | 20. 0 | 58 . 7 | 0. 34 | 110. 2 | 0. 18 | 105. 6 | 0. 19 | 128. 9 | 0. 16 |
| Discharges/Average Daily Census | 37. 8 | 61.8 | 0. 61 | 110.6 | 0. 34 | 105. 9 | 0. 36 | 130. 0 | 0. 29 |
| Discharges To Private Residence/Average Daily Census | 5. 9 | 18. 7 | 0. 32 | 41. 2 | 0. 14 | 38. 5 | 0. 15 | 52. 8 | 0. 11 |
| Residents Receiving Skilled Care | 90. 4 | 84.8 | 1.07 | 93. 8 | 0. 96 | 89. 9 | 1. 01 | 85. 3 | 1.06 |
| Residents Aged 65 and Older | 85. 6 | 87. 6 | 0. 98 | 94. 1 | 0. 91 | 93. 3 | 0. 92 | 87. 5 | 0. 98 |
| Title 19 (Medicaid) Funded Residents | 88. 0 | 79.8 | 1. 10 | 66. 9 | 1. 32 | 69. 9 | 1. 26 | 68. 7 | 1. 28 |
| Private Pay Funded Residents | 8. 8 | 16. 3 | 0. 54 | 23. 1 | 0. 38 | 22. 2 | 0.40 | 22. 0 | 0. 40 |
| Developmentally Disabled Residents | 0.8 | 0.8 | 1.00 | 0.6 | 1. 24 | 0.8 | 1. 07 | 7. 6 | 0. 11 |
| Mentally Ill Residents | 72. 0 | 50 . 0 | 1. 44 | 38. 7 | 1.86 | 38. 5 | 1.87 | 33. 8 | 2. 13 |
| General Medical Service Residents | 10. 4 | 17.8 | 0. 58 | 21.8 | 0. 48 | 21. 2 | 0.49 | 19. 4 | 0. 54 |
| Impaired ADL (Mean) | 52. 2 | 43. 4 | 1. 20 | 48. 4 | 1. 08 | 46. 4 | 1. 13 | 49. 3 | 1.06 |
| Psychological Problems | 64. 0 | 61.6 | 1.04 | 51. 9 | 1. 23 | 52. 6 | 1. 22 | 51. 9 | 1. 23 |
| Nursing Care Required (Mean) | 8. 0 | 8. 4 | 0. 95 | 7. 5 | 1. 07 | 7.4 | 1. 07 | 7.3 | 1.09 |